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May 9, 2018

Via ECFS

Rodger Woock, Chief  
Industry Analysis and Technology Division  
Wireline Competition Bureau  
Federal Communications Commission  
445 12<sup>th</sup> Street, S.W.  
Washington, D.C. 20554

Re: Annual Employment Report 2018  
FCC Form 395  
WC Docket No. 16-233

Dear Mr. Woock:

On behalf of Pioneer Long Distance, Inc. submitted herewith is the company's Common Carrier Annual Employment Report for 2018.

Should questions arise with respect to this matter, you are welcome to communicate directly with this office.

Very truly yours,



Pamela L. Gist

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

## SECTION I - General Information

1. Name and Mailing Address of Respondent

Pioneer Long Distance, Inc.  
PO Box 539  
Kingfisher, OK 73750☐ Check here if this  
is a change of  
address.

2. Year Report Filed

2018

3. Reporting Period (Ending Date of Pay  
Period Covered by Report)

01/19/2018

4. Number of Full-Time Employees during Selected

Reporting Period (check one):

- a.
- ☒
- Fewer than 16 (complete Sections I, IV, and V only)
- 
- b.
- ☐
- 16 or more (complete all sections)

## SECTION II - Full-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)														Total Columns A - N	
		Race/Ethnicity															
		Hispanic or Latino		Not-Hispanic or Latino													
				Male						Female							
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
Executive/Senior Level Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
<b>TOTAL</b>	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>PREVIOUS YEAR TOTAL</b>	11															0	

**SECTION III - Part-Time Employees.**

SECTION III - Part-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)														Total Columns A - N
		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												
				Male						Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11														0	

**SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.**


This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.



This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.  
(Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

**SECTION V - Certification**

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date <i>5/7/18</i>	Typed or Printed Name of Person Signing <b>Richard Ruhl</b>	Signature <i>Richard Ruhl</i>	Telephone No. <b>(405) 375-4111</b>
Title of Person Signing <b>General Manager</b>		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	